

BACKCOUNTRY TRAIL PROGRAM APPLICATION

THIS SECTION TO BE COMPLETED BY APPLICANT

Please print neatly or type and attach blank pages if you need more space.

NAME: _____

PHONE: _____

BEST TIME TO CONTACT YOU: _____

ADDRESS: _____

BIRTHDATE: [year] [month] [day] AGE: [____]

HEIGHT: [feet] [inches] WEIGHT: [pounds]

SHIRT SIZE: [x-small] [small] [medium] [large] [x-large]

PANTS SIZE: [waist (in.)] [inseam (in.)]

BOOTS: [size] [width]

PREVIOUS CORPS EXPERIENCE (If any): _____

AVAILABILITY DATES: _____

1. Why do you want to be a member of a Backcountry Trail Crew?

2. Describe the most physically demanding work that you have done for a prolonged period of time:

3. Given that the most difficult challenge for a Backcountry Trail Crew member is working with and getting along with others, describe the most demanding social situation you have ever been in for a prolonged period of time and what personal characteristics you used to succeed in this situation.

4. Please note whether you have the following special skills or certifications:

☐ Class B California Driver's License

☐ Standard First Aid

☐ Advanced First Aid or equivalent

☐ CPR

☐ Emergency Medical Technician:

Certification Date: [month] [year]

☐ Basic First Aid

☐ Water Safety Instructor:

Certification Date: [month] [year]

☐ Chainsaw Certification

Other, please describe:

5a. Health & Physical Condition

Please describe any serious recent illness, recurring illness, injury operation, disabilities, special medical needs, or any other condition that might be a limitation to performing physical strenuous, hazardous work far from medical service facilities:

5b. Health & Physical Condition

Are you allergic to poison oak/ivy (an allergic reaction will affect your crew assignment but will not lessen your chance of being selected) [please check one]:

☐ not allergic ☐ mildly allergic

☐ moderately allergic ☐ severely allergic

☐ have never been exposed to poison oak/ivy

5c. Health & Physical Condition

How many days of work have you lost during the previous year due to injury or illness? (Circle one):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+]

Reasons for lost work time:

5d. Health & Physical Condition

There are no dentists in the backcountry. Please describe any dental problems which would not be taken thorough care of before the Backcountry season begins in April:

6. Have you ever been involved in a serious disciplinary incident while employed? Describe, and explain why this behavior would or would not be a problem now:

7. Describe experiences you may have had in living, traveling, working in the outdoors (if your experiences are few, don't worry, just be prepared for days of heat, cold, rain, snow, and billions of bugs)

THIS APPLICATION, ALONG WITH YOUR SUPERVISORS (REFERENCE) EVALUATION FORM AND A COLOR PHOTOGRAPH OF YOURSELF. MUST BE SUBMITTED TO:

BACKCOUNTRY TRAILS PROGRAM,
1500 P. J. MURPHY DRIVE, KLAMATH, CA 95548
NO LATER THAN 5:00 PM, MONDAY, MARCH 8, 2004.

** Please make sure that you have provided a reliable phone number and the best times to reach you, so that we may schedule a phone interview. **